BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

| | | CLAIMS AS | S FILED - (Column | | | ımn 2) | SM TYI | | | OR | OTHER | |
|---|--|---|----------------------|------------------------|---------------------------------|------------------|-----------|----------------|------------------------|-------|---------------------|------------------------|
| TOTAL CLAIMS | | | 43 | | 1 | ~ | | RATE | FEE |) | RATE | FEE |
| FOR | | | NUMBER FILED | | | NUMBER EXTRA | | SIC FEE | 355.00 | OR | BASIC FEE | |
| TOTAL CHARGEABLE CLAIMS | | | 43 minus 20= | | . 23 | | 5 | (\$ 9= | 207 | OR | X\$18= | |
| INDEPENDENT CLAIMS | | | 9 minus 3 = | | 6 | 6 | | X40= | 240 | OR | X80= | |
| MULTIPLE DEPENDENT CLAIM PI | | | RESENT | | | | | 135= | JU - | OR | +270= | |
| * If | the difference | in column 1 is | less than ze | ess than zero, enter " | | "0" in column 2 | | OTAL | | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II | | | | | | | | |] • | OTHER | | |
| | | | | | | (Column 3) | s | MALL E | NTITY | OR | SMALL | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVI | HEST MBER IOUSLY) FOR | PRESENT EXTRA | F | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NON | Total | * | Minus | ** | | = | > | K\$ 9= | | OR | X\$18= | |
| AME | Independent | * | Minus | *** | | | | X40= | | OR | X80= | |
| | FIRST PRESE | NTATION OF M | JETIPLE DEF | 'ENDEN | TCLAIM | | - | ·135= | | OR | +270= | |
| | | | | | | | | TOTAL | | | TOTAL | |
| | | (Column 1) | | (Coli | ımn 2) | (Column 3) | ADI | DIT. FEE | |]~ | ADDIT. FEE | (1) - 10, E. |
| ENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGI NUN PREVI | HEST MBER HOUSLY D FOR | PRESENT EXTRA | F | RATE | ADDI- TIONAL FBE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | * | Minus | ** | | = |] [> | (\$ 9= | | OR | X\$18= | |
| AME | Independent | * | Minus | *** | | <u> </u> |] ; | X40= | | OR | X80= | |
| L | FIRST PRESE | NTATION OF M | JLTIPLE DEF | ,ENDEN | T CLAIM | | ┚┝╌ | -135= | | OR | +270= | |
| | | | | | | | <u> </u> | TOTAL | - | OR | TOTAL ADDIT, FEE | |
| | | (Column 1) | | (Colu | ımn 2) | (Column 3) | | DIT. FEE | : | • | AUUII. FEE | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGI NUN PREVI | HEST MBER TOUSLY D FOR | PRESENT EXTRA | Ιг | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NON | Total | * | Minus | ** | | = |] [> | (\$ 9= | | OR | X\$18= | |
| AME | Independent | * | Minus | *** | | = = | | X40= | 11 | OR | X80= | |
| L | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | <u> </u> | | 105 | / | | +270= | |
| | | ımn 1 is less than t | | | | | | 135= | | OR | +270= TO:TAL | |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |



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NOTICE OF PARTIAL FEE / FEE DUE.

| Date: 10/30/01 | | | | | | | | | | | |
|---|----------|--------|--|--|--|--|--|--|--|--|--|
| To: <u>Sector</u> (0) | 3 co) | · · | | | | | | | | | |
| From: RAM Team, Office of Initial Patent Examination, | | | | | | | | | | | |
| Subject: Fee Due | | | | | | | | | | | |
| Application Number 09 1902 227 | | | | | | | | | | | |
| The attached document was submitted with an insufficient fee. The Office of Initial Pater Examination has posted the fee submitted to the suspended fee code, 197. Please check the application for the appropriate authorization to charge a deposit account. If present, delivery a copy of the authorization, this form and the applicants submission to the Office of Initial Patent Examination, RAM Team, CP2-6C12. If an authorization is not present, notify the applicant of the fee deficiency. | | | | | | | | | | | |
| The correct fee, code: 202 | amount | s 42 | | | | | | | | | |
| The suspended fee code: 197 | amount - | ·\$ 38 | | | | | | | | | |

It is the Group's responsibility to collect the balance of the fee due and ensure that the total fee is posted to the correct fee code upon receipt of the balance due before providing the requested service.

amount

Please direct any questions you may have to Joyce Gunter-Warren at 308-3616.

Esmahan

Fee due